

POLICY NUMBER:

COMMERCIAL AUTO
CA DS 03 02 04

BUSINESS AUTO DECLARATIONS

| | |
|--------------------------|---------------------------|
| COMPANY NAME AREA | PRODUCER NAME AREA |
|--------------------------|---------------------------|

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY PERIOD: From: to: at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER:

FORM OF BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

| | |
|--------------------------|----|
| PREMIUM FOR ENDORSEMENTS | \$ |
| *ESTIMATED TOTAL PREMIUM | \$ |

*This policy may be subject to final audit.

| |
|---|
| Premium shown is payable: \$ at inception. |
| AUDIT PERIOD (IF APPLICABLE) <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY |

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

| | |
|----------------|-----------------------------|
| Countersigned: | By: |
| (Date) | (Authorized Representative) |

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

POLICY NUMBER:

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

| COVERAGES | COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.) | LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS | PREMIUM |
|--|---|--|---------|
| LIABILITY | | \$ | \$ |
| PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage) | | SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED. | \$ |
| ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage) | | SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT. | \$ |
| PROPERTY PROTECTION INSURANCE (Michigan only) | | SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT. | \$ |
| AUTO MEDICAL PAYMENTS | | \$ | \$ |
| MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only) | | SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT. | \$ |
| UNINSURED MOTORISTS | | \$ | \$ |
| UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) | | \$ | \$ |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos". | \$ |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos". | \$ |
| PHYSICAL DAMAGE COLLISION COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". | \$ |
| PHYSICAL DAMAGE TOWING AND LABOR | | \$ For Each Disablement Of A Private Passenger "Auto". | \$ |
| | | | \$ |
| PREMIUM FOR ENDORSEMENTS | | | \$ |
| *ESTIMATED TOTAL PREMIUM | | | \$ |

*This policy may be subject to final audit.

POLICY NUMBER:

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN**

| Covered Auto No. | DESCRIPTION | | | | PURCHASED | | | | TERRITORY |
|----------------------|--|---|---|-----------|--|--|-------------------------|------|---|
| | Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN) | | | | Original Cost New | Actual Cost & NEW (N) USED (U) | | | Town & State Where The Covered Auto Will Be Principally Garaged |
| 1 | | | | | \$ | | | | |
| 2 | | | | | \$ | | | | |
| 3 | | | | | \$ | | | | |
| 4 | | | | | \$ | | | | |
| 5 | | | | | \$ | | | | |
| Covered Auto No. | CLASSIFICATION | | | | | | | | EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss. |
| | Radius Of Operation | Business Use s=service r=retail c=commercial | Size GVW, GCW Or Vehicle Seating Capacity | Age Group | Primary Rating Factor | | Secondary Rating Factor | Code | |
| | | | | | Liab. | Phy. Dam. | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| Covered Auto No. | COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) | | | | | | | | |
| | LIABILITY | | PERSONAL INJURY PROTECTION | | ADDED P.I.P. | PROPERTY PROTECTION (Michigan Only) | | | |
| | Limit | Premium | Limit Stated In Each P.I.P. End. Minus Deductible Shown Below | Premium | Limit Stated In Each Added P.I.P. End. Premium | Limit Stated In P.P.I. End. Minus Deductible Shown Below | Premium | | |
| 1 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |
| 2 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |
| 3 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |
| 4 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |
| 5 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |
| Total Premium | | \$ | | \$ | \$ | | \$ | | |

POLICY NUMBER:

ITEM THREE**SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)**

| Covered Auto No. | COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) | | | |
|----------------------|--|---------|--|---------|
| | AUTO MEDICAL PAYMENTS | | MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only) | |
| | Limit | Premium | Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person | Premium |
| 1 | \$ | \$ | \$ | \$ |
| 2 | \$ | \$ | \$ | \$ |
| 3 | \$ | \$ | \$ | \$ |
| 4 | \$ | \$ | \$ | \$ |
| 5 | \$ | \$ | \$ | \$ |
| Total Premium | | \$ | | \$ |

| Covered Auto No. | COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) | | | | | | | |
|----------------------|--|---------|---|---------|---|---------|-----------------------|---------|
| | COMPREHENSIVE | | SPECIFIED CAUSES OF LOSS | | COLLISION | | TOWING & LABOR | |
| | Limit Stated In ITEM TWO Minus Deductible Shown Below | Premium | Limit Stated In ITEM TWO Minus Deductible Shown Below | Premium | Limit Stated In ITEM TWO Minus Deductible Shown Below | Premium | Limit Per Disablement | Premium |
| 1 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 2 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 3 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 4 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 5 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Total Premium | | \$ | | \$ | | \$ | | \$ |

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

| LIABILITY COVERAGE – RATING BASIS, COST OF HIRE | | | | |
|---|---------------------------------------|----------------------------------|---|-----------|
| STATE | ESTIMATED COST OF HIRE FOR EACH STATE | RATE PER EACH \$100 COST OF HIRE | FACTOR (If Liability Coverage Is Primary) | PREMIUM |
| | \$ | \$ | | \$ |
| TOTAL PREMIUM | | | | \$ |

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

POLICY NUMBER:

PHYSICAL DAMAGE COVERAGE

| COVERAGES | LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE | ESTIMATED ANNUAL COST OF HIRE | RATE PER EACH \$100 ANNUAL COST OF HIRE | PREMIUM |
|-----------------------------|---|--|--|-----------|
| COMPREHENSIVE | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. | \$ | \$ | \$ |
| SPECIFIED CAUSES OF LOSS | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. | \$ | \$ | \$ |
| COLLISION | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. | \$ | \$ | \$ |
| TOTAL PREMIUM | | | | \$ |

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

| NAMED INSURED'S BUSINESS | RATING BASIS | NUMBER | PREMIUM |
|------------------------------------|----------------------|--------|-----------|
| Other Than A Social Service Agency | Number Of Employees | | \$ |
| | Number Of Partners | | \$ |
| Social Service Agency | Number Of Employees | | \$ |
| | Number Of Volunteers | | \$ |
| TOTAL | | | \$ |

POLICY NUMBER:

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS

| ESTIMATED YEARLY <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage | RATES | | | | PREMIUMS | | | |
|--|---|-----------------------------|--|--|-----------|-----------------------------|--|--|
| | <input type="checkbox"/> Per \$100 Of Gross Receipts <input type="checkbox"/> Per Mile | | | | | | | |
| | LIABILITY | AUTO MEDICAL PAYMENTS | MEDICAL EXPENSE BENEFITS (VA. Only) | INCOME LOSS BENEFITS (VA. Only) | LIABILITY | AUTO MEDICAL PAYMENTS | MEDICAL EXPENSE BENEFITS (VA. Only) | INCOME LOSS BENEFITS (VA. Only) |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| TOTAL PREMIUMS | | | | | \$ | \$ | \$ | \$ |
| MINIMUM PREMIUMS | | | | | \$ | \$ | \$ | \$ |

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation.

Gross Receipts does not include:

- A.** Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B.** Advertising revenue.
- C.** Taxes which you collect as a separate item and remit directly to a governmental division.
- D.** C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.